

DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH ADMINISTRATION BUREAU OF FOOD, DRUG AND RADIATION PROTECTION 51 N STREET N.E., ROOM 6025-WASHINGTON, D.C. 20002

LICENSE APPLICATION

SUPPLIERS OF MEDICAL AND DENTAL X-RAY EQUIPMENT/HEALTH PHYSICS SERVICES

Name of Firm or Person Street Address				Telephone Number	
			Number of Local Employees		
City		State		Zip Code	
We hereby request	a license in acco	rdance with the District of	of Columbia's Ra	diation Protection Regulations (Section B.4)	
[] Make	[] Sell	[] Lease	[] Lend	[] Install	
[] Transfer and/o and/or [] Dental			alth Physics Serv	ices* [] Medical X-ray Equipment	
*(Provide a copy of	f your curriculun	ı vitae)			
We represent the fo	ollowing manufac	ctures of X-ray equipmen	nt: [] Not app	plicable (Self representation)	
[] Continental	[] Fischer	[] General Electric	[] Hitachi	[] Kelekette- CGR	
[] Philips	[] Picker	[] Profexray	[] Ritter	[] Siemens	
[] Standard	[] Toshiba	[] Universal	[] Weber	[] Westinghouse	
[] S.S. White	[] XRM	[] Other:			
This request is for a	a: [] Permai	nent [] Temporary	(months) License.	
Date signed			Signature		
Date s	igneu	Name	(typed or printed)		
			Title		